

FORM PTO-1390 (Modified)  
(REV. 11-98)

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

ATTORNEY'S DOCKET NUMBER

TRANSMITTAL LETTER TO THE UNITED STATES  
DESIGNATED/ELECTED OFFICE (DO/EO/US)  
CONCERNING A FILING UNDER 35 U.S.C. 371

U.S. APPLICATION NO. (IF KNOWN, SEE 37 CFR

09/600732

INTERNATIONAL APPLICATION NO.  
PCT/EP99/00155INTERNATIONAL FILING DATE  
13 JANUARY 1999 (13.01.99)PRIORITY DATE CLAIMED  
21 JANUARY 1998 (21.01.98)

## TITLE OF INVENTION

PROCESS FOR THE MANUFACTURE OF CHICORY INULIN, HYDROLYSATES AND DERIVATIVES OF INULIN, AND IMPROVED CHICORY INULIN PRODUCTS, HYDROLYSATES AND DERIVATIVES

## APPLICANT(S) FOR DO EO US

Georges SMITS and Leen DE LEENHEER (for US only)

Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

1.  This is a **FIRST** submission of items concerning a filing under 35 U.S.C. 371.
2.  This is a **SECOND** or **SUBSEQUENT** submission of items concerning a filing under 35 U.S.C. 371.
3.  This is an express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(1).
4.  A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date.
5.  A copy of the International Application as filed (35 U.S.C. 371 (c) (2))
  - a.  is transmitted herewith (required only if not transmitted by the International Bureau).
  - b.  has been transmitted by the International Bureau.
  - c.  is not required, as the application was filed in the United States Receiving Office (RO/US).
6.  A translation of the International Application into English (35 U.S.C. 371(c)(2)).
7.  A copy of the International Search Report (PCT/ISA/210).
8.  Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))
  - a.  are transmitted herewith (required only if not transmitted by the International Bureau).
  - b.  have been transmitted by the International Bureau.
  - c.  have not been made; however, the time limit for making such amendments has NOT expired.
  - d.  have not been made and will not be made.
9.  A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).
10.  An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).
11.  A copy of the International Preliminary Examination Report (PCT/IPEA/409).
12.  A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).

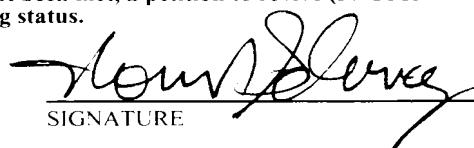
## Items 13 to 20 below concern document(s) or information included:

13.  An Information Disclosure Statement under 37 CFR 1.97 and 1.98.
14.  An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
15.  A **FIRST** preliminary amendment.
16.  A **SECOND** or **SUBSEQUENT** preliminary amendment.
17.  A substitute specification.
18.  A change of power of attorney and/or address letter.
19.  Certificate of Mailing by Express Mail
20.  Other items or information:

Face page of International Application PCT/EP99/00155

PCT Request form PCT/RO/101 (4 pgs)

Amended claims (under Article 28 PCT)

|   |  |  |                   |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
|---|--|--|-------------------|--------------|------|--------------|-----------|----|-----------|--------------------|---------|---|-----------|--|--|--------------------------|---------------|------------------------------------|--|----------|-------------------|--|
| U.S. APPLICATION NO. (IF KNOWN) 37 CFR<br><b>09/60073</b>   | INTERNATIONAL APPLICATION NO.<br><b>PCT/EP99/00155</b> | ATTORNEY'S DOCKET NUMBER<br><b>TIENSE RAFF.26</b>  |                   |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
| 21. The following fees are submitted:   |  | <b>CALCULATIONS PTO USE ONLY</b>   |                   |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
| <b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)) :</b>  |  |  |                   |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
| <input checked="" type="checkbox"/> Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2) paid to USPTO and International Search Report not prepared by the EPO or JPO ..... <b>\$970.00</b><br><input checked="" type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO ..... <b>\$840.00</b><br><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO ..... <b>\$690.00</b><br><input type="checkbox"/> International preliminary examination fee paid to USPTO (37 CFR 1.482) but all claims did not satisfy provisions of PCT Article 33(1)-(4) ..... <b>\$670.00</b><br><input type="checkbox"/> International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(1)-(4) ..... <b>\$96.00</b> |  |  |                   |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
| <b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b>   |  | <b>\$840.00</b>  |                   |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
| Surcharge of <b>\$130.00</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).   |  | <b>\$0.00</b>  |                   |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">CLAIMS</td> <td style="width: 25%; padding: 2px;">NUMBER FILED</td> <td style="width: 25%; padding: 2px;">NUMBER EXTRA</td> <td style="width: 25%; padding: 2px;">RATE</td> </tr> <tr> <td>Total claims</td> <td>36 - 20 =</td> <td>16</td> <td>x \$18.00</td> </tr> <tr> <td>Independent claims</td> <td>1 - 3 =</td> <td>0</td> <td>x \$78.00</td> </tr> <tr> <td colspan="2">Multiple Dependent Claims (check if applicable).</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><b>\$0.00</b></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>TOTAL OF ABOVE CALCULATIONS</b></td> <td style="text-align: right;"><b>=</b></td> <td style="text-align: right;"><b>\$1,128.00</b></td> </tr> </table>  |  | CLAIMS   | NUMBER FILED      | NUMBER EXTRA | RATE | Total claims | 36 - 20 = | 16 | x \$18.00 | Independent claims | 1 - 3 = | 0 | x \$78.00 | Multiple Dependent Claims (check if applicable). |  | <input type="checkbox"/> | <b>\$0.00</b> | <b>TOTAL OF ABOVE CALCULATIONS</b> |  | <b>=</b> | <b>\$1,128.00</b> |  |
| CLAIMS  | NUMBER FILED   | NUMBER EXTRA   | RATE              |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
| Total claims  | 36 - 20 =  | 16   | x \$18.00         |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
| Independent claims  | 1 - 3 =  | 0  | x \$78.00         |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
| Multiple Dependent Claims (check if applicable).  |  | <input type="checkbox"/>   | <b>\$0.00</b>     |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
| <b>TOTAL OF ABOVE CALCULATIONS</b>  |  | <b>=</b>   | <b>\$1,128.00</b> |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
| Reduction of 1/2 for filing by small entity, if applicable. Verified Small Entity Statement must also be filed (Note 37 CFR 1.9, 1.27, 1.28) (check if applicable).   |  | <input type="checkbox"/> <b>\$0.00</b>   |                   |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
| <b>SUBTOTAL</b>   |  | <b>\$1,128.00</b>  |                   |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
| Processing fee of <b>\$130.00</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).  |  | <b>\$0.00</b>  |                   |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
| <b>TOTAL NATIONAL FEE</b>   |  | <b>\$1,128.00</b>  |                   |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable).   |  | <input checked="" type="checkbox"/> <b>\$40.00</b>   |                   |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
| <b>TOTAL FEES ENCLOSED</b>  |  | <b>\$1,168.00</b>  |                   |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
|   |  | <input type="checkbox"/> <b>Amount to be refunded</b> <b>\$</b><br><input type="checkbox"/> <b>charged</b> <b>\$</b> |                   |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
| <input checked="" type="checkbox"/> A check in the amount of <b>\$1,168.00</b> to cover the above fees is enclosed.<br><br><input type="checkbox"/> Please charge my Deposit Account No. <b>08-1391</b> in the amount of <b>\$</b> to cover the above fees.<br>A duplicate copy of this sheet is enclosed.<br><br><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <b>08-1391</b> A duplicate copy of this sheet is enclosed.   |  |  |                   |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
| <b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b>  |  |  |                   |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
| <b>SEND ALL CORRESPONDENCE TO:</b><br><div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Hayes, Soloway, Hennessey, Grossman &amp; Hage PC</b><br/> <b>175 Canal Street</b><br/> <b>Manchester, NH 03101</b><br/> <b>(603) 668-1400</b> </div>  |  |  |                   |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |
| <br><b>SIGNATURE</b><br><b>Norman P. Soloway</b><br><b>NAME</b><br><b>24,315</b><br><b>REGISTRATION NUMBER</b><br><b>July 20, 2000</b><br><b>DATE</b>   |  |  |                   |              |      |              |           |    |           |                    |         |   |           |  |  |                          |               |                                    |  |          |                   |  |

09/600732

532 sec'd PCT/PTC 20 JUL 2000

PTO-2038 (02-2000)

Approved for use through 01/31/2003. OMB 0651-0043

United States Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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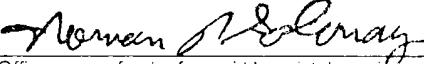
## United States Patent &amp; Trademark Office

## Credit Card Payment Form

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|  |      |            |                                     |                  |          |
|--|------|------------|-------------------------------------|------------------|----------|
| Credit Card Type:                                    | Visa | MasterCard | <input checked="" type="checkbox"/> | American Express | Discover |
| Credit Card Account #: 3713 835674 62008             |      |            |                                     |                  |          |
| Credit Card Expiration Date: 06/01                   |      |            |                                     |                  |          |
| Name as it Appears on Credit Card: Norman P. Soloway |      |            |                                     |                  |          |
| Payment Amount: \$(US Dollars): 1,168.00             |      |            |                                     |                  |          |

Signature:  Date: July 20, 2000

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|--------------------------------|------------------------|
| Street Address 1: P.O. Box 779 |                        |
| Street Address 2:              |                        |
| City: Amherst                  |                        |
| State: New Hampshire           | Zip/Postal Code: 03031 |
| Country: U.S.A.                |                        |
| Daytime Phone #: 603-668-1400  | Fax #: 603-668-8567    |

## Request and Payment Information

Description of Request and Payment Information:

## New National Phase Patent Application and Assignment

| Patent Fee          | Patent Maintenance Fee | Trademark Fee             | Other Fee         |
|---------------------|------------------------|---------------------------|-------------------|
| Application No.     | Application No.        | Serial No.                | IDON Customer No. |
| Patent No.          | Patent No.             | Registration No.          |                   |
| Attorney Docket No. |                        | Identify or Describe Mark |                   |
| Tiense Raff.26      |                        |                           |                   |

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09/600732  
532 0'd PCT/ETC 20 JUL 2000

Docket No.

TIENSE RAFF.26

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): SMITS ET AL

| Serial No. | Filing Date   | Examiner | Group Art Unit |
|------------|---------------|----------|----------------|
|            | July 20, 2000 |          |                |

Invention: **Process for the Manufacture of Chicory Inulin, Hydrolysates and Derivatives of Inulin, and Improved Chicory Inulin Products, Hydrolysates and Derivatives**

I hereby certify that this **National Stage Patent Application**  
(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under  
37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on

**July 20, 2000**

(Date)

**Johanne Hrycuna**

(Typed or Printed Name of Person Mailing Correspondence)

  
(Signature of Person Mailing Correspondence)

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